



**MAIL STOP AF
RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2839**

03560.002764 (35.G2764)

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

AYA IMADA

Application No.: 09/817,141

Filed: March 27, 2001

For: PLASTIC OPTICAL FIBER WITH)
A LENS, LIGHT-EMITTING/RECEIVING :
APPARATUS WITH THE PLASTIC)
OPTICAL FIBER WITH A LENS, AND :
METHOD OF FABRICATING THE)
PLASTIC OPTICAL FIBER WITH A LENS :

Examiner: J. Duverne.

Group Art Unit: 2839

May 20, 2004

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

Introductory Comments

In response to the final Official Action mailed February 27, 2004, please amend the identified patent application as follows:

OK to enter
5/10/04
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AF
2839

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LENS, LIGHT-EMITTING/RECEIVING
APPARATUS WITH THE PLASTIC
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PLASTIC OPTICAL FIBER WITH A LENS

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Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	6	MINUS	34	0	x \$9 \$18	0
INDEP. CLAIMS	1	MINUS	4	0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145/\$290						
			TOTAL ADDITIONAL FEE FOR THIS AMENDMENT —			0

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. § 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.
- ☐ A check in the amount of \$____ to cover the extension fee for response within ____ additional months is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our below-listed address.

Respectfully submitted,



Attorney for Applicant
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Page 2 of 2